

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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A Public Document

1. Agency Name

School John Muir Middle School

Division, Department, or Region (If Applicable)

Melissa Urbain/Seanette Harding

Designated Agency Contact (Name, Title)

Teacher/Principal

Area Code/Phone Number

E-mail

408-535-6281

Murbain@sjusd.org
JHarding@sjusd.org

Date Stamp

2016 JAN 12 AM 10:26

California Form 802

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: _____
(Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 148-250

Event Description Hockey
Provide Title/Explanation

Date(s) 1, 7, 16

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: SJAA
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|------------------------------|---|
| Teachers | 16 | acknowledgment/Recognition |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Murbain
Signature of Agency Head or Designee

Melissa Urbain
Print Name

Teacher
Title

1/6/16
(Month, Day, Year)

Comment: _____